

Department of Human Services
Bureau of Human Service Licensing

February 3, 2022

[REDACTED]
LUTHER RIDGE FACILITY OPERATIONS LLC
160 RED HORSE ROAD
POTTSVILLE, PA, 17901

RE: LUTHER RIDGE AT SEIDERS HILL
160 RED HORSE ROAD
POTTSVILLE, PA, 17901
LICENSE/COC#: 22466

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/01/2021, 07/09/2021, 07/12/2021, 07/19/2021, 08/02/2021, 08/12/2021, 08/25/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Michele Moskalczyk

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY

Facility Information

Name: *LUTHER RIDGE AT SEIDERS HILL* License #: 22466 License Expiration: 03/12/2022
Address: 160 RED HORSE ROAD, POTTSVILLE, PA 17901
County: *SCHUYLKILL* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: 5706217200 Email: [REDACTED]

Legal Entity

Name: *LUTHER RIDGE FACILITY OPERATIONS LLC*
Address: 160 RED HORSE ROAD, POTTSVILLE, PA, 17901
Phone: 5706217200 Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *06/23/1999* Issued By: *PALI*

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 98 Waking Staff: 74

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Incident* Exit Conference Date: *07/25/2021*

Inspection Dates and Department Representative

07/01/2021 - On-Site: [REDACTED]
07/09/2021 - Off-Site: [REDACTED]
07/12/2021 - Off-Site: [REDACTED]
07/19/2021 - Off-Site: [REDACTED]
08/02/2021 - Off-Site: [REDACTED]
08/12/2021 - Off-Site: [REDACTED]
08/25/2021 - Off-Site: [REDACTED]

Inspection Dates and Department Representative (*continued*)

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 135

Residents Served: 85

Special Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 85

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 13

Have Physical Disability: 0

Inspections / Reviews

07/01/2021 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/13/2021

10/13/2021 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 10/18/2021

02/03/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: Not Required

23a ADL assistance

1. Requirements

2800.

23.a. A residence shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident 1 & Resident 2 state that they have had to wait 30-60 minutes on multiple occasions for their call bell to be answered by staff.

Plan of Correction

Accept

Plan of Correction

Direct care staff verbally educated by Executive Director on answering call bells in a timely manner immediately upon notification of the above violation on 7/1/2021.

Staff meeting held by Executive Director and Director of Wellness on August 27th 2021 informing staff that it is the responsibility of all direct care staff members to answer call bells in a timely manner.

Random call bell pulls will be done daily starting 9/13/21 for 30 days by management or designated supervisory staff and be recorded and reviewed each week by Executive and Maintenance Director to review timeliness and building average of response call bell times. Facility will then resume with weekly random call bell pulls thereafter as a facility routine audit to review average call bell times.

Maintenance director will continue with weekly call bell audits as part as [redacted] routine job duties and review with Executive Director weekly and monthly during quality management meeting to determine facility average call bell response time.

Executive Director or designated manager will interview two random residents each week starting 9/13/21 and document until average call bell response times are within reason.

Update: 10/13/2021

Please send/Attach --Random call bell pulls record - starting 9/13/21 for 30 days. for review. 10-13-2021 MM

Document Submission

Implemented

See attached documents

187a Medication record

1. Requirements

2800.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident 3 received PRN medication of Ibuprofen on 4/6 & 4/11/2021. The MAR did not document their effectiveness.

Plan of Correction

Accept

Medication Technicians and Nursing staff were verbally educated by Executive Director and Director of Wellness immediately upon notification of the above violation on 7/1/21.

Staff meeting held by Executive Director and Director of Wellness on August 27th 2021 informing Med-Techs and Nursing staff that when any PRN medication is administered to a resident we must document in the residents MAR the effectiveness of the PRN medication.

Monthly MAR and medication cart audit that is already in place was revised by Executive Director to specifically assess completion of documentation of effectiveness of PRN medications administered on monthly audit.

187a Medication record (continued)

Director of Wellness or designee will conduct random MAR audits daily starting 9/13/21 to assess accuracy of all documentation in MAR's for 30 days then resume back to current monthly audits and will continue to be reviewed in facility monthly quality management meetings.

Document Submission***Implemented***

See attached documents.